

FIG. 1

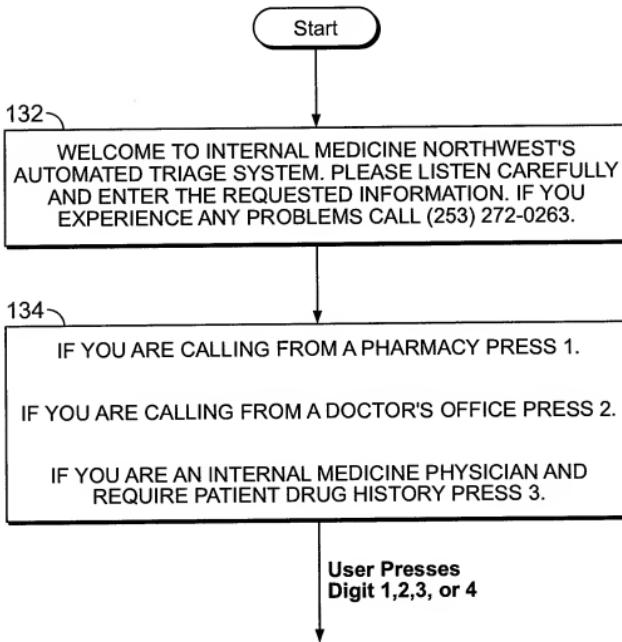


FIG. 2

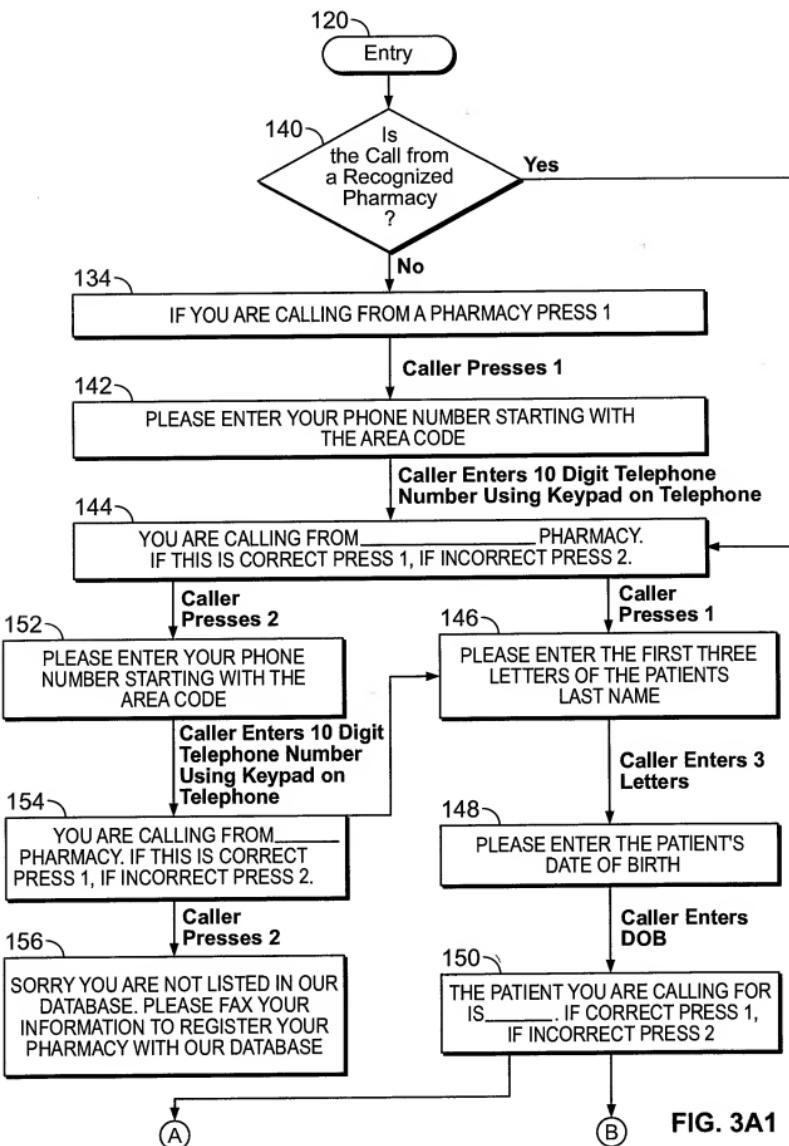


FIG. 3A1

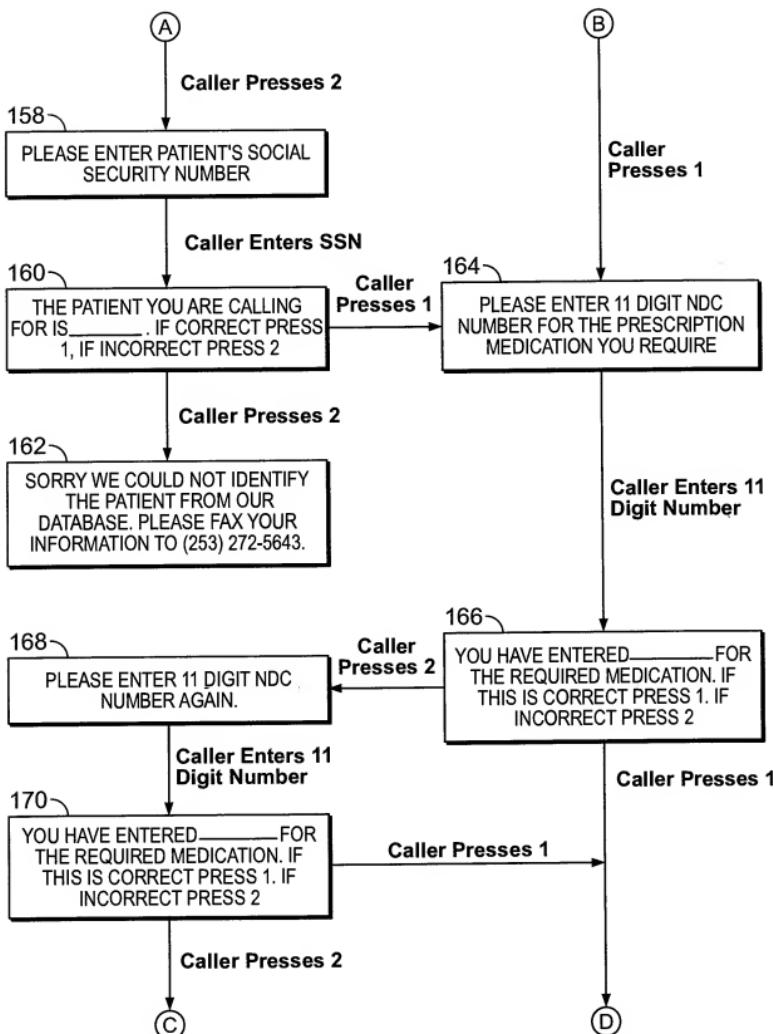


FIG. 3A2

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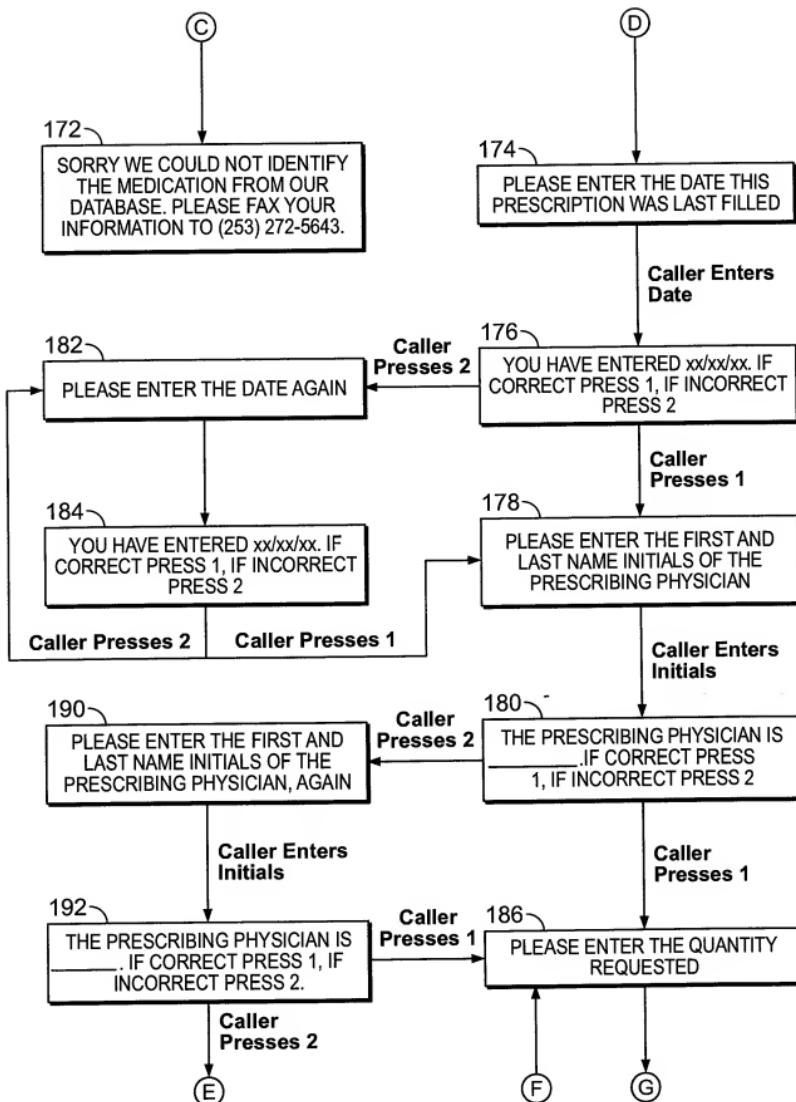


FIG. 3B1

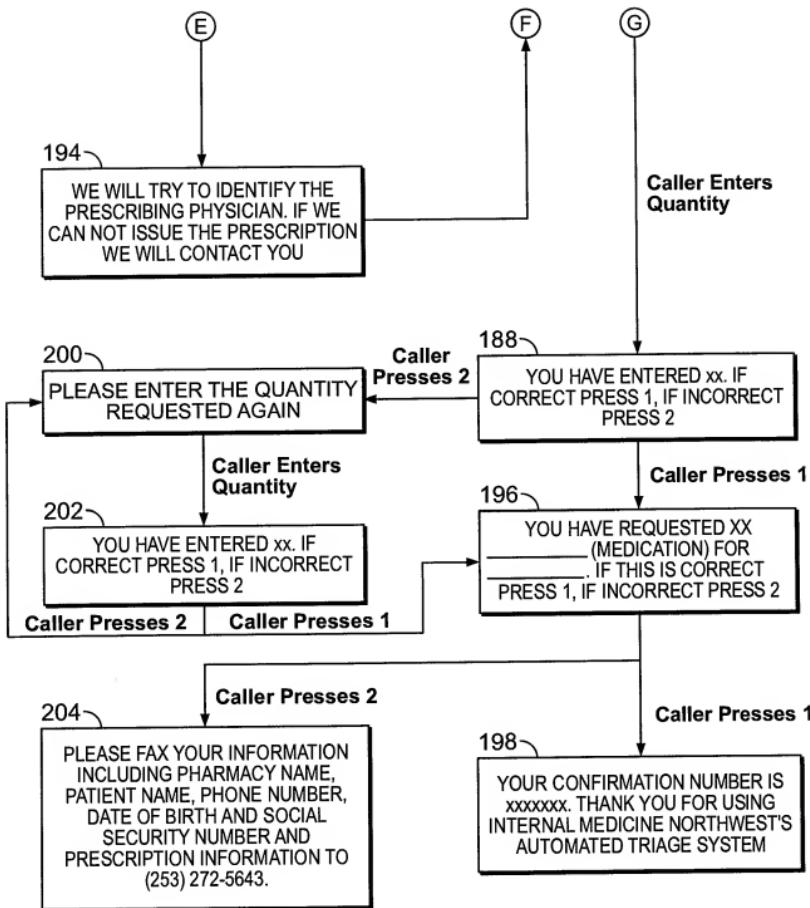


FIG. 3B2

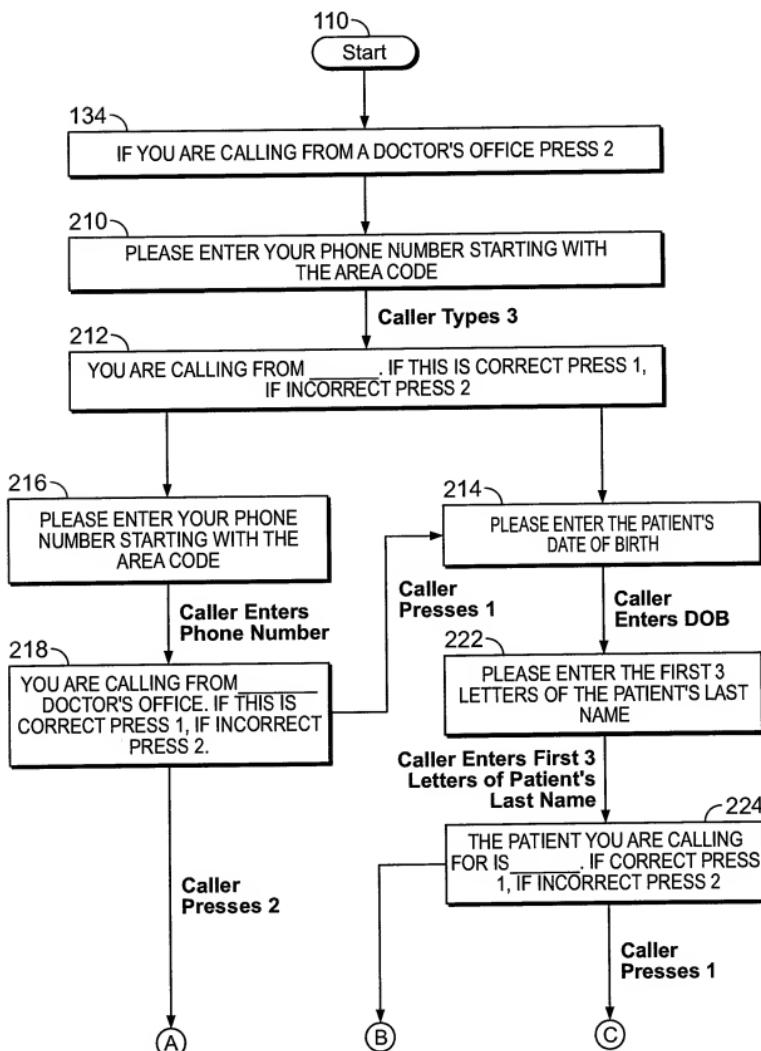
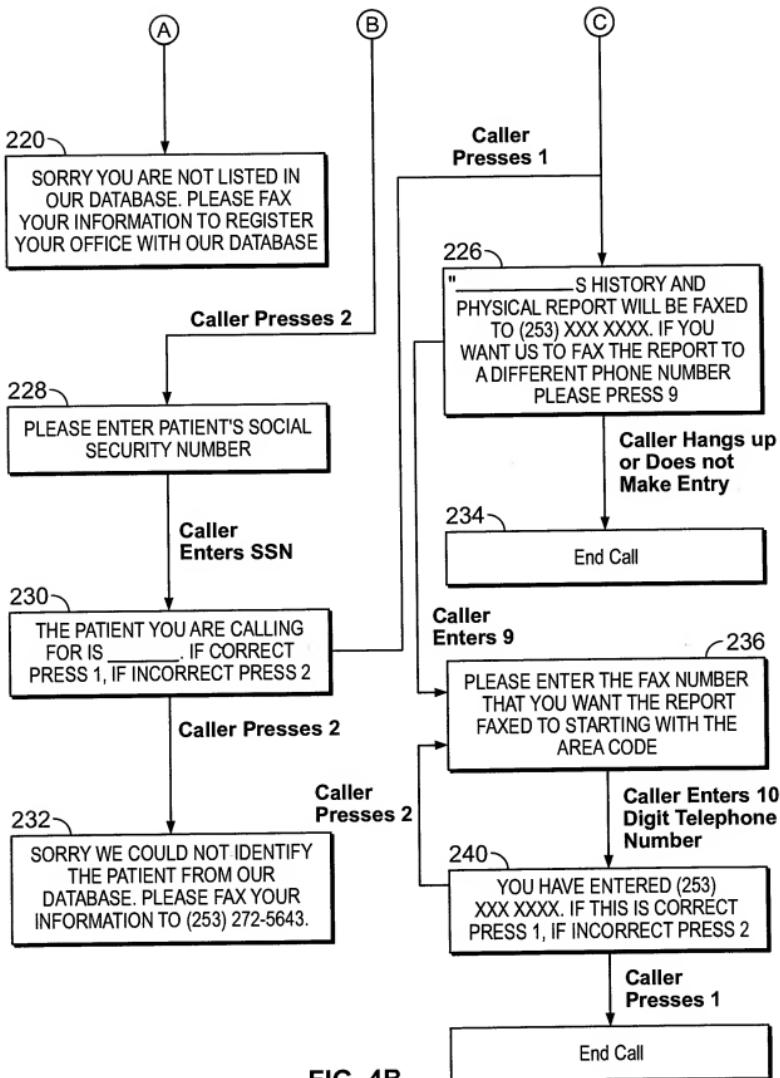


FIG. 4A



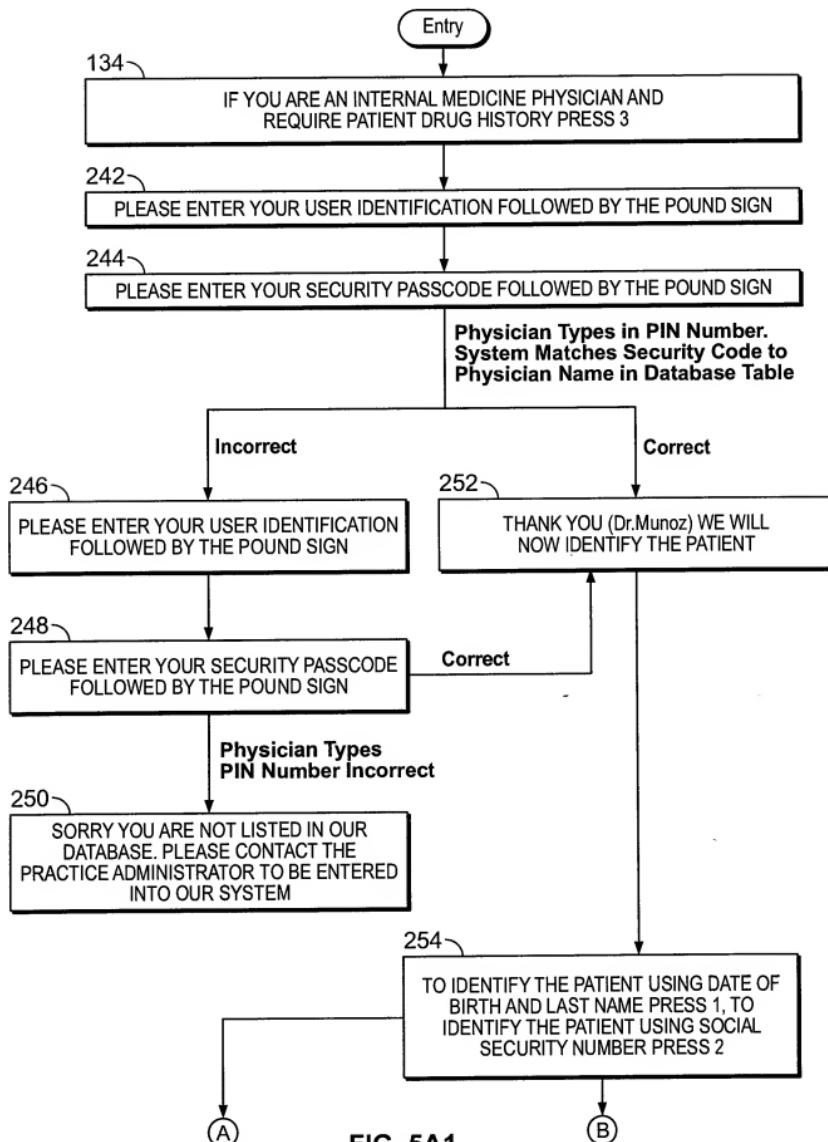
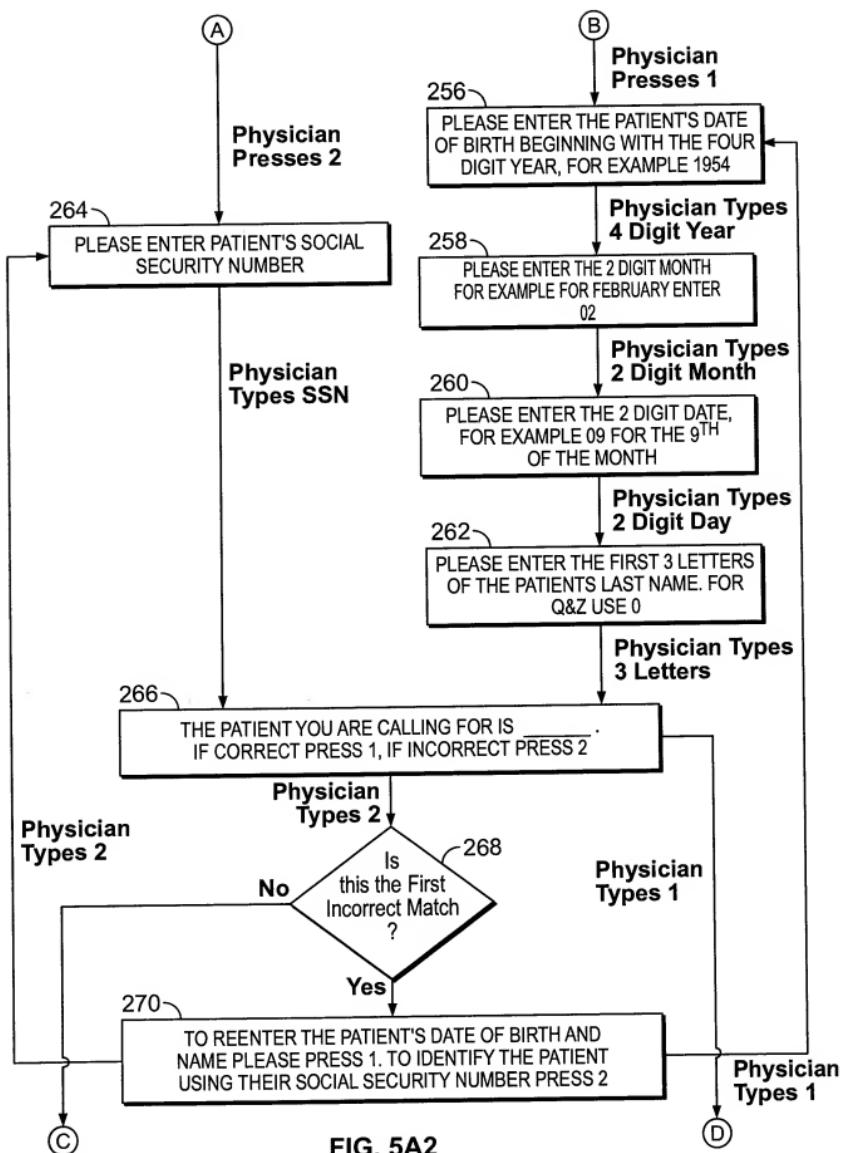


FIG. 5A1



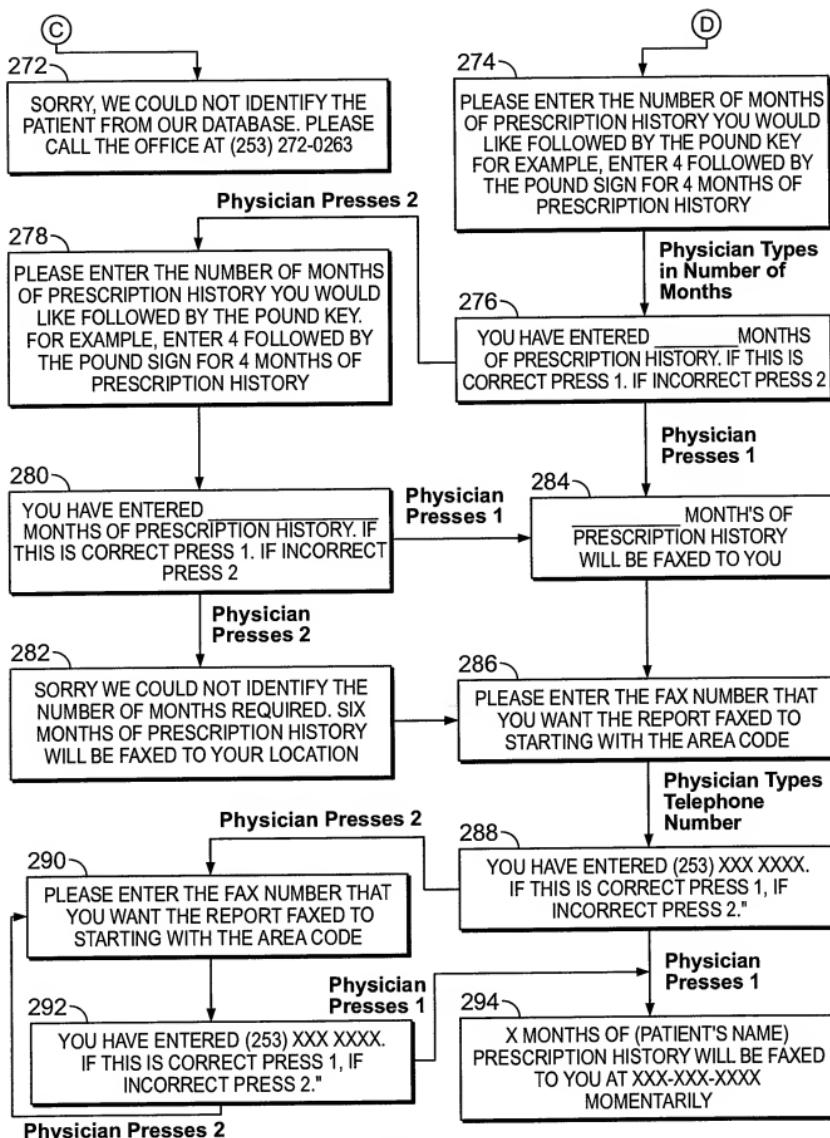


FIG. 5B

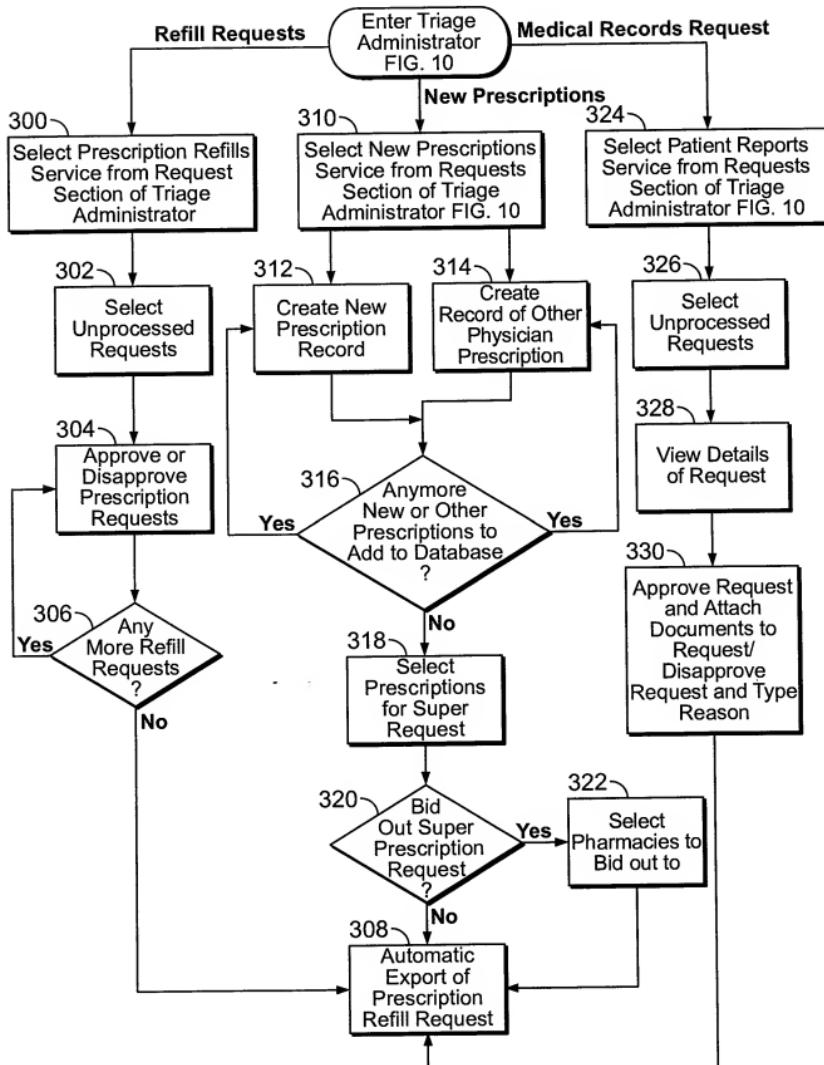
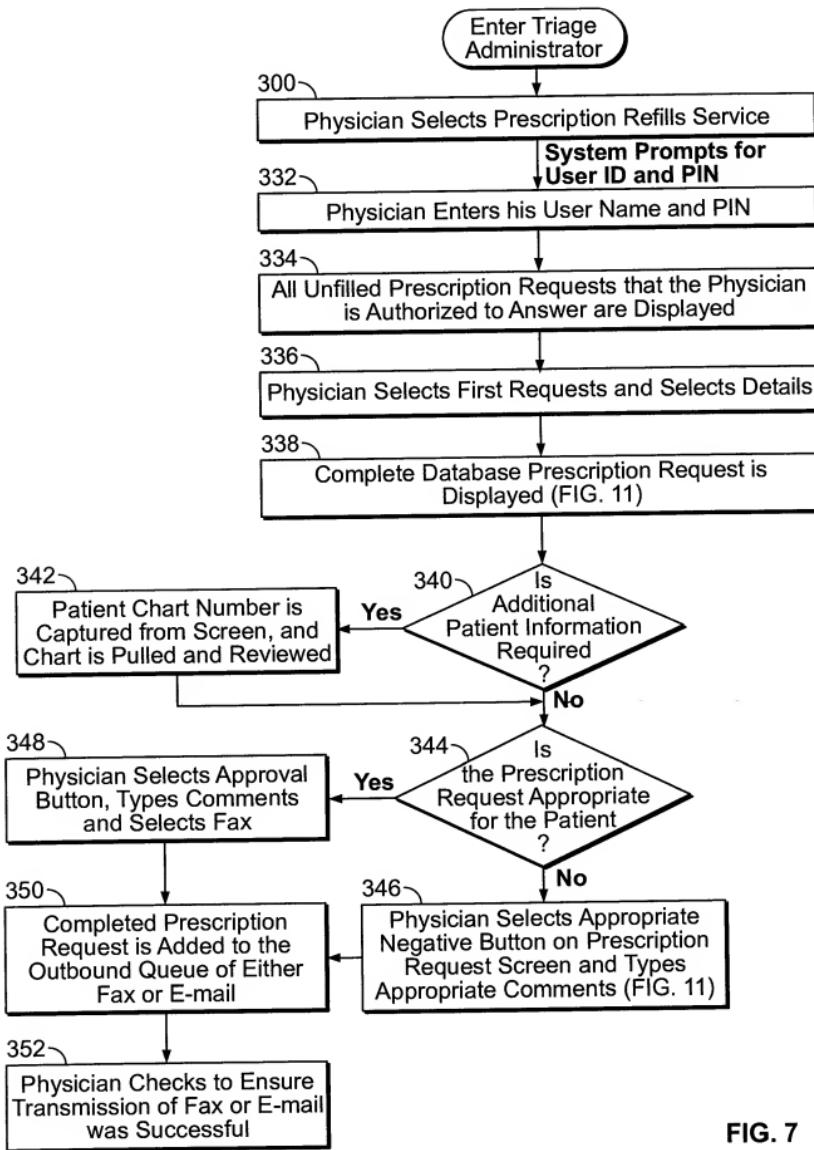


FIG. 6



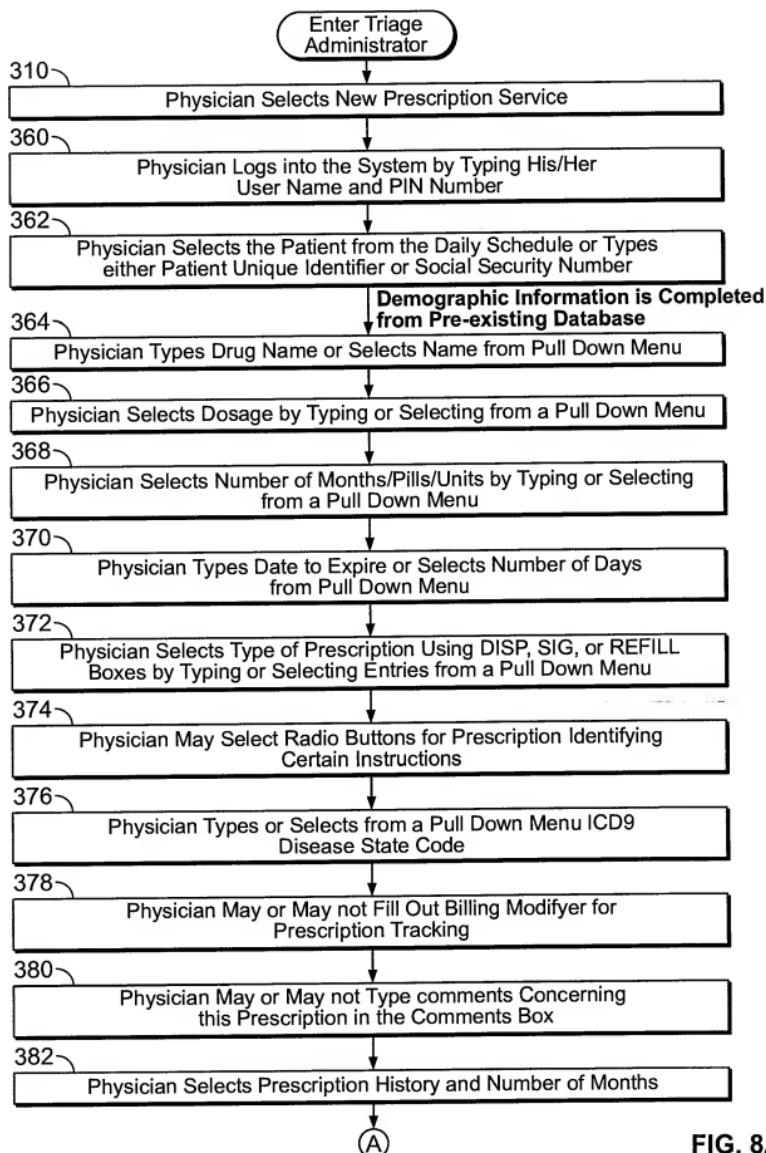


FIG. 8A

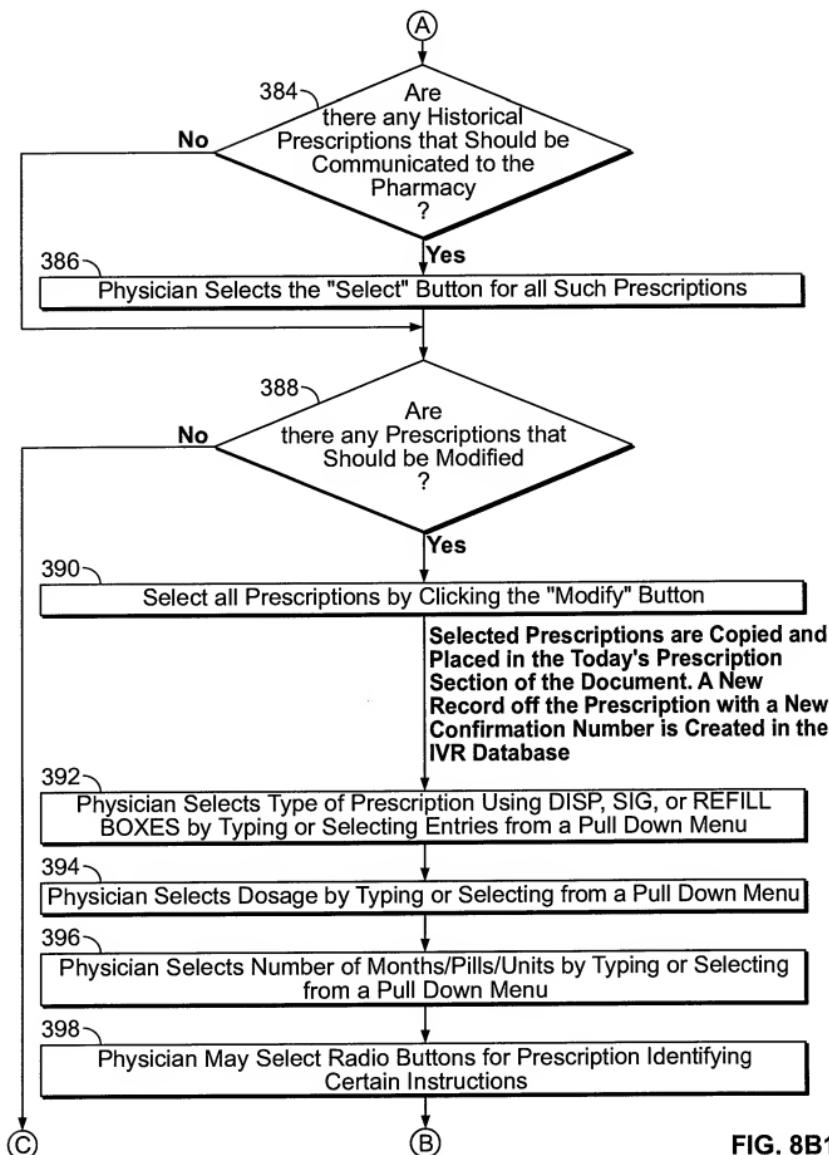


FIG. 8B1

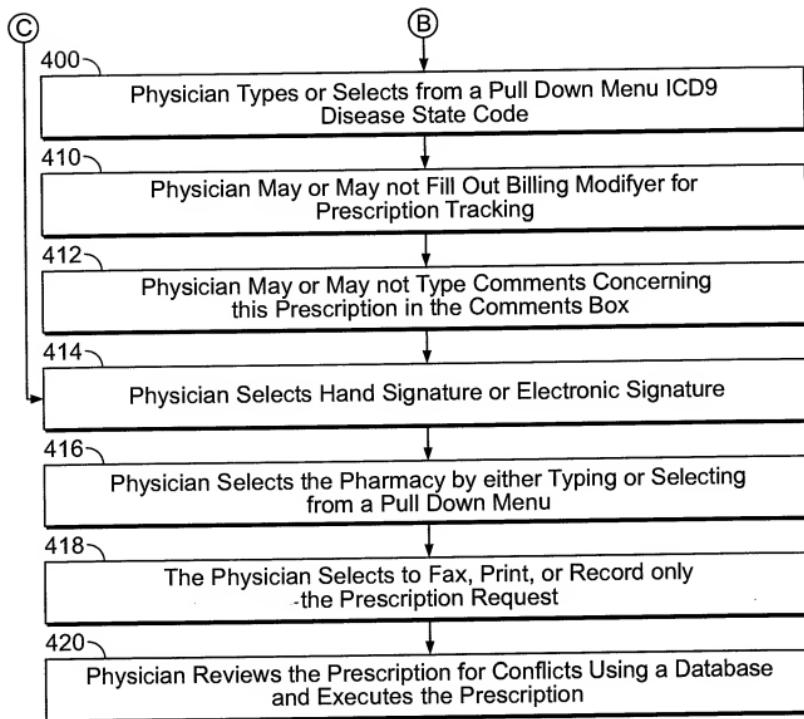


FIG. 8B2

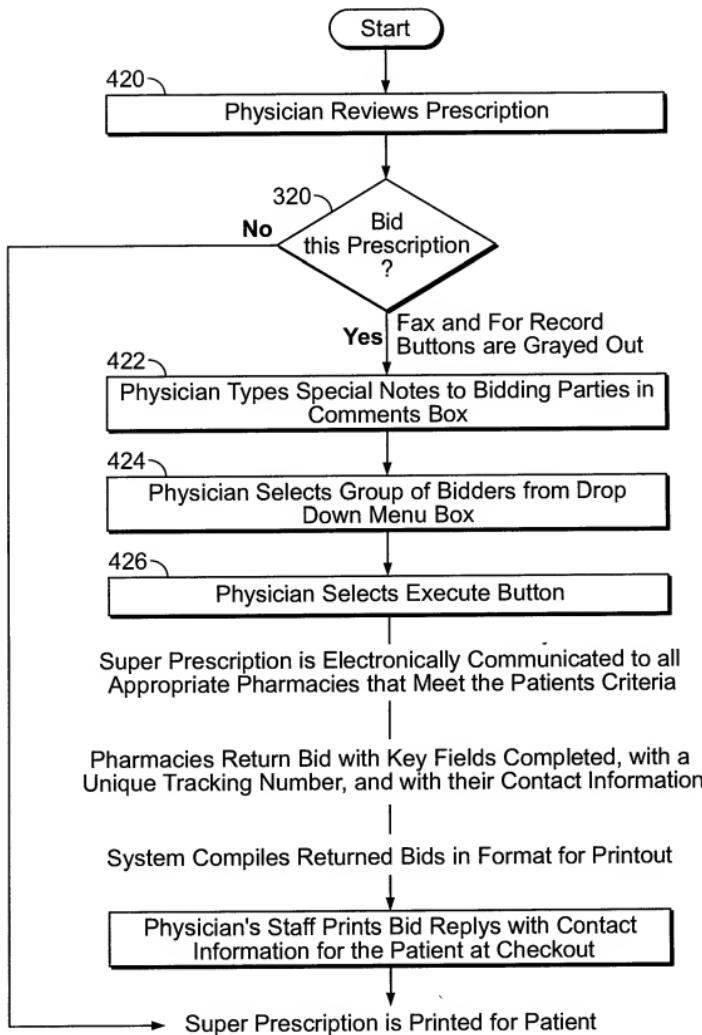


FIG. 9

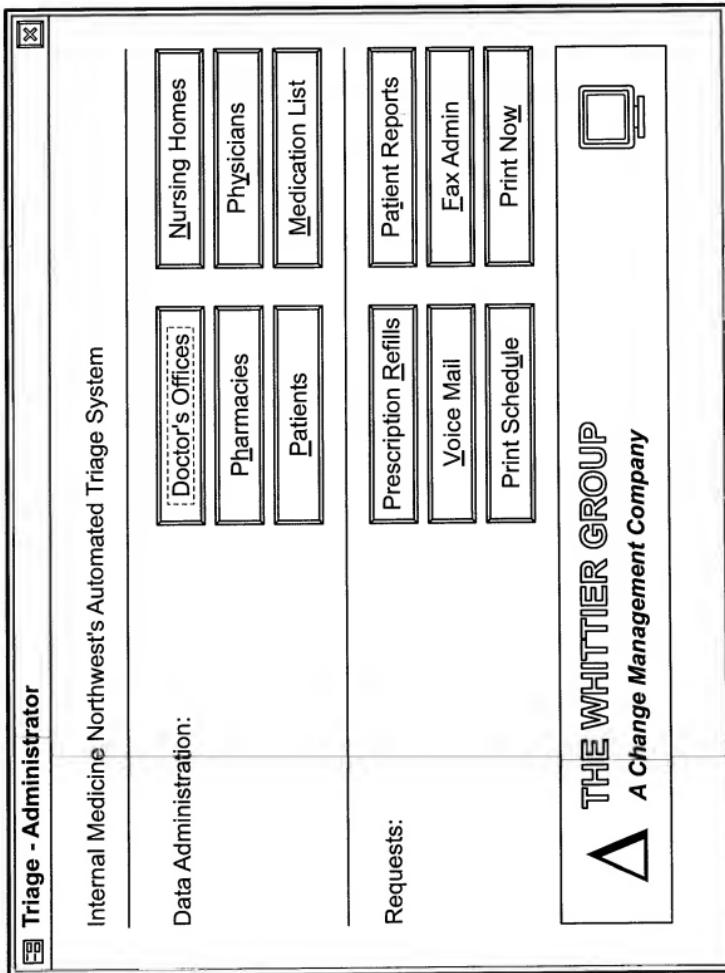


FIG. 10

Patient Report Requests		(Details)
Date	2000/09/13	
Time	10:29:11	
Report Type	EKG	
Destination Type	Doctor's Office	
Destination Name	CARDIAC STUDY CENTER	
Phone Number	2535727320	
Fax Number	2536270712	
Patient Name	BASHORE, THELMA	
Social Security #	305249199	
wp #	Null	
<input checked="" type="checkbox"/> Processed		
<input type="button" value="Print"/> <input type="button" value="Done"/>		

FIG. 11

Triage Automated IVR

Prescription Refill Request

(Details)

Confirmation Number	00001004	<input checked="" type="checkbox"/> Processed
Date	1999/04/19	Processing Staff:
Time	23:56:09	RF X 3 karen
Location	RiteAid Pacific	Date: 1999/04/20 Time 02:26:43
Phone Number	2534748500	Comments:
Fax Number	2534740253	If x 3
Social Security #	542185330	
Patient Name	ALEXANDER, JANICE	<input type="radio"/> Approved
wp#		<input type="radio"/> Patient must schedule an appointment
Medication and Dosage	2 MG \ COUMADIN	<input type="radio"/> Patient is not on this medication or medication is not appropriate
Prescribing Physician	Benjamin, Sabrina	<input type="radio"/> Our Physicians do not treat this patient
Quantity	100	<input type="radio"/> We will call you in reference to this request
Last Refill Date	1999/03/23	

Print **Done**

FIG. 12

SYSTEM AND METHOD FOR AUTOMATED PRESCRIPTION MANAGEMENT

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Patient		Last Name		Social Security Number		Date of Birth		Patient Unique ID	
First Name	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Insurance	<input type="text"/>	May Sub.	
Address	<input type="text"/>		<input type="text"/>		<input type="text"/>		Substitution Permitted	Formulary Equivalent w/ Notification	
Telephone Number	<input type="text"/>		<input type="text"/>		<input type="text"/>		Dispense as Written	Allergic Intollerant	
Today's Prescription		<input type="text"/>		<input type="text"/>		<input type="text"/>		Discontinue	to to
Date to DISP.SIG.REFILL		Name of Drug		Dosage		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Expire <input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Modifier <input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
ICD9 <input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Prescription History		Past <input type="checkbox"/> Months		Include Prescription History? <input type="checkbox"/>					
Date to Expire <input type="checkbox"/>		Disp.SIG.REFILL <input type="checkbox"/>		Name of Drug <input type="checkbox"/>		Dosage <input type="checkbox"/>		Number of Months/Pills/Units <input type="checkbox"/>	
<input type="text"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Select <input type="checkbox"/> Modifier <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Modify <input type="checkbox"/> ICD9 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Date to Expire <input type="checkbox"/>		Disp.SIG.REFILL <input type="checkbox"/>		Name of Drug <input type="checkbox"/>		Dosage <input type="checkbox"/>		Number of Months/Pills/Units <input type="checkbox"/>	
<input type="text"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Select <input type="checkbox"/> Modifier <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Modify <input type="checkbox"/> ICD9 <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Review <input type="checkbox"/>		Prescription <input type="checkbox"/>		Comments <input type="checkbox"/>		Pharmacy <input type="checkbox"/>		Fax <input type="checkbox"/>	
Signature <input type="checkbox"/>		Comments <input type="checkbox"/>		Page <input type="checkbox"/> of <input type="checkbox"/>		Print <input type="checkbox"/> Record <input type="checkbox"/>		Bid Prescription? <input type="checkbox"/>	
Internal Medicine Northwest Frank S. Baker Center, Suite 304 316 Martin Luther King Jr. Way, Tacoma, WA 98405		Ph: (253) 272-5076 After Hrs: (253) 272-4964 Fax: (253) 272-5643 Rx Refill: 627-3865 ONLY							

FIG. 13

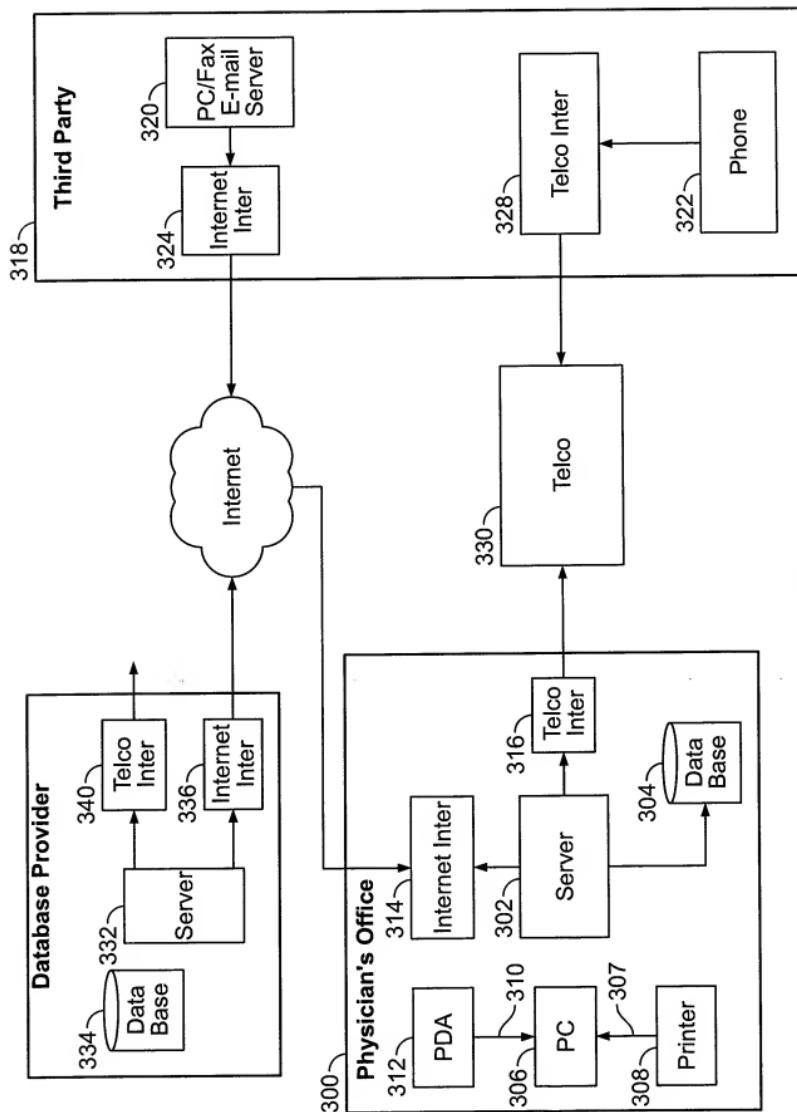


FIG. 14